

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 430 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number: <u>U- 7156</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name: <u>STANTON W BAIRD</u> P.O. Box, Bldg., Room No., if any: _____ Street: <u>4065 EXCEL SCOUT RD</u> City: <u>T HERRASVILLE</u> State: <u>PA</u> ZIP Code + 4: <u>17404</u>	4. Name, file number, and address of labor organization. Name: <u>LOCAL 33 INTERNATIONAL ASSOC OF HEAT AND FRUIT INSULATORS AND ASBESTOS WORKERS</u> Labor Organization File Number: <u>060791</u> P.O. Box, Building and Room Number, if any: _____ Street: <u>3260 SCHOOL HOUSE ROAD</u> City: <u>MIDDLETOWN</u> State: <u>PA</u> ZIP Code + 4: <u>17057</u>
5. Position in labor organization: <u>BUSINESS MANAGER / TRUSTEE FUNDS</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: Stanton W Baird On: 8/16/05 Date: (717)970-0922/0923 Telephone Number

Name of Person Filing

STAN TOM W BARK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name D. H. EVANS ASSOC INC

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., If any PO Box 6480, Suite 14

Street 2207 FOREST HILLS DRIVE

City HARRISBURG

State PA ZIP Code + 4 17112

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If B.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 23 H3W FUND

LOCAL 23 ANNUITY FUND

LOCAL 23 PENSION FUND

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any P.O. Box 6480

Street 2207 FOREST HILLS DRIVE Suite 14

City HARRISBURG

State PA ZIP Code + 4 17112

11.a. Nature of such dealing.

CONTRACT ADMINISTRATOR  
OF THE TRUST FUNDS

11.b. Approximate dollar value of such dealing.

91,844.10

12.a. Nature of interest held or income received.

TRUST MEETING EXPENSE

12.b. Amount

91,844.10

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., If any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

\_\_\_\_\_

13.b. Is the Business an Employer  or Consultant  ?

14.b. Amount of payment.

\_\_\_\_\_

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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AUG 15 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <i>U</i>	2. Fiscal Year Covered From: <i>1 / 1 / 04</i> Through: <i>12 / 31 / 04</i>
3. Name and address of person filing. Name: <i>SPARTAN W BARN</i> P.O. Box, Bldg., Room No., if any: Street: <i>4065 Eagle Scout Rd</i> City: <i>THOMASVILLE</i> State: <i>Pa</i> ZIP Code + 4: <i>17764</i>	4. Name, file number, and address of labor organization. Name: <i>LOCAL 23 INTERNATIONAL ASSOC OF HEAT AND FRUIT INSULATOR S AS BESTOS WORKERS</i> Labor Organization File Number: <i>060791</i> P.O. Box, Building and Room Number, if any: Street: <i>3263 Schrockhouse Rd</i> City: <i>Middletown</i> State: <i>Pa</i> ZIP Code + 4: <i>17057</i>
5. Position in labor organization:	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	7.a. Nature of Interest, Transaction, or Income:  7.b. Amount:

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Stt ub*

On

*8/1/05*  
Date

*(717) 930-0902 / 0923*  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ASBESTOS WORKERS LOCAL 33  
ANNUITY, HEALTH & WELFARE FUND TRUST

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any P.O. BOX 6870

Street 2207 FOREST HILL DRIVE

City HARRISBURG

State PA ZIP Code + 4 17112

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If B.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

CONTRIBUTIONS TO 302(c)(5)  
EMPLOYEE BENEFIT TRUST  
FUND

11.b. Approximate dollar value of such dealing. 91,849.10

12.a. Nature of interest held or income received.

EDUCATION REIMBURSEMENT

12.b. Amount. 4,930.24

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

13.b. Is the Business an Employer  or Consultant  ?

14.a. Nature of payment.

14.b. Amount of payment. \_\_\_\_\_



B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

6. Name and address of Business (including trade name, if any).

Name: D. H. EVANS ASSOCIATES INC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: PO Box 6880, SUITE 14

Street: 2207 FOREST

City: HARRISBURG

State: PA ZIP Code + 4: 17112

9. Business deals with:

- a. Labor Organization
b. Trust (checked)
c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: LOCAL 23 HS W FUND
LOCAL 23 ANNUITY FUND
LOCAL 23 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: PO Box 6450

Street: 2207 FOREST HILLS DRIVE SUITE 14

City: HARRISBURG

State: PA ZIP Code + 4: 17112

11.a. Nature of such dealing.

CONTRACT ADMINISTRATOR OF THE TRUST FUND

11.b. Approximate dollar value of such dealing.

96,844.10

12.a. Nature of interest held or income received.

6.1%

12.b. Amount.

100.90

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

[Redacted area for nature of payment]

13.b. Is the Business an Employer or Consultant?

14.b. Amount of payment.